

ACTIVITY REPORT

CDC 1502 (1/91)

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|--------------------------|---|
| <input type="checkbox"/> | DISCHARGE REVIEW - FELON - ATTACH BPT 1130, CI&I REPORT, LEGAL STATUS SHEET |
| <input type="checkbox"/> | DISCHARGE REVIEW - NON-FELON |
| <input type="checkbox"/> | NAEA REPORT - SUSPEND/REINSTATE |
| <input type="checkbox"/> | CSTCU |
| <input type="checkbox"/> | ACTIVITY |

| | | | |
|----------------------------|------------------------|--|--|
| CDC NUMBER | NAME (LAST, FIRST, MD) | | REGION/UNIT |
| CONTROLLING DISCHARGE DATE | | DISCHARGE REVIEW DATE | IMMINENT DISCHARGE <input type="checkbox"/> |
| COMMITMENT OFFENSE | | IS COMMITMENT OFFENSE SUBJECT TO 667.5 P.C. (WHETHER OR NOT COMMITMENT WAS ENHANCED)? <input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, *DO NOT SPECIFY DISCHARGE EFFECTIVE | |

IF ARRESTED, COMPLETE THE FOLLOWING ARREST DATA

| | | | |
|-------------|-------------------|--------------------------------|----------------|
| ARREST DATE | ARRESTING AGENCY | BOOKING NUMBER AND/OR LOCATION | NAME BOOKED AS |
| HOLD DATE | HOLD REMOVED DATE | | |

CIRCUMSTANCES OR CHARGES

PROPOSITION 36 ELIGIBLE PAROLEE

On (Date) Subject was found to have violated a drug related condition of parole by
(Violation(s)andBPTViolationCode(s))

A Proposition 36 waiver is attached and indicates that the parolee has agreed to participate in and successfully complete Proposition 36 drug treatment. The parolee is to (report to)/(make phone contact with) the _____ county assessment center on _____ and is to follow the treatment procedures as outlined by county staff or treatment providers.

PAROLE AGENT'S RECOMMENDATION:

| | | | | | | | |
|---|---------------------------------|---|-------------------------------------|-----------------------------|--------------------------|------------------------------|--|
| | | | | PAROLE AGENT'S SIGNATURE | | DATE | |
| UNIT SUPERVISOR'S ACTION | | | | RELEASE HOLD AS OF (DATE): | | | |
| <input type="checkbox"/> DECISION | <input type="checkbox"/> REVIEW | <input type="checkbox"/> RETAIN HOLD | <input type="checkbox"/> | | <input type="checkbox"/> | CANCEL WARRANTS — WANTS | |
| <input type="checkbox"/> CONTINUE ON PAROLE | | <input type="checkbox"/> CONTINUE IN OUT PATIENT STATUS | | DISCHARGE EFFECTIVE (DATE): | | <input type="checkbox"/> | RETAIN ON PAROLE |
| REINSTATE ON PAROLE AS | | <input type="checkbox"/> TIME LOSS | SUSPEND/REINSTATE IN OPS AS | | REFER TO BPT/NAEA | | INVESTIGATE, SUBMIT APPROPRIATE |
| <input type="checkbox"/> OF (DATE): | | <input type="checkbox"/> NO TIME LOSS | <input type="checkbox"/> OF (DATE): | | <input type="checkbox"/> | | <input type="checkbox"/> REPORT BY (DATE): |
| SPECIAL CONDITION(S): | | | | | | | |
| | | | | | | <input type="checkbox"/> ADD | <input type="checkbox"/> DELETE |

UNIT SUPERVISOR'S COMMENTS/RECOMMENDATION

Subject to complete treatment. Refer to BPT for approval of PC 3063.1 treatment. COP. Maintain at _____ level of supervision.

| | | |
|--|-----------------------------|------|
| <input type="checkbox"/> REFER TO PAROLE ADMINISTRATOR | UNIT SUPERVISOR'S SIGNATURE | DATE |
|--|-----------------------------|------|

FIELD ADMINISTRATOR'S COMMENTS/DECISION

| | | | |
|--|---|---------------------------------|------|
| <input type="checkbox"/> REFER TO BPT/NAEA | <input type="checkbox"/> DISCHARGE EFFECTIVE DATE | FIELD ADMINISTRATOR'S SIGNATURE | DATE |
|--|---|---------------------------------|------|

PAROLEE/RELEASEE COPY PROVIDED
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A

MAILED

DELIVERED BY: